

Prior Authorization DRUG Guidelines

Invega Sustenna, Invega Trinza

Effective Date: 1/31/2023

Date Developed: 1/11/2023 by Dr. H. Taekman

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Paliperidone (Invega Sustenna®, Invega Trinza®) is an atypical antipsychotic. It is the primary active metabolite of risperidone (Risperdal), available in oral and various injectable formulations: (Invega Sustenna®, Invega Trinza®, Invega Hayfera®). As with other atypical antipsychotics, its therapeutic efficacy is believed to result from mixed central serotonergic and dopaminergic antagonism. The addition of serotonin antagonism to dopamine antagonism (classic neuroleptic mechanism) is thought to improve negative symptoms of psychoses and reduce the incidence of extrapyramidal side effects.

Invega Sustenna is a monthly injection, Invega Trinza every three months and Invega Hayfera every six months. This publication considers the Sustenna and Trinza formulations.

Pre-Authorization Criteria:

Invega Sustenna:

- For the treatment of schizophrenia in adults
- For the treatment of schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants

Invega Trinza:

For the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna for at least 4 months.

Typical/First Generation Antipsychotics†	Atypical/Second Generation Antipsychotics
• Chlorpromazine (Thorazine) • Fluphenazine (Prolixin) • Haloperidol (Haldol) • Loxapine (Loxitane) • Perphenazine (Trilafon) • Pimozide (Orap) • Thioridazine (Mellaril) • Thiothixene (Navane) • Trifluoperazine (Stelazine)	• Aripiprazole (Abilify)* • Asenapine maleate (Saphris) • Brexpiprazole (Rexulti) • Cariprazine (Vraylar) • Clozapine (Clozaril) • Iloperidone (Fanapt) • Lurasidone (Latuda) • Olanzapine (Zyprexa)* • Olanzapine/Fluoxetine (Symbyax) • Paliperidone (Invega)* • Quetiapine (Seroquel) • Risperidone (Risperdal)* • Ziprasidone (Geodon)

†Most typical/first generation antipsychotics are available only as generics in the U.S.

*Long-acting injectable formulation available

NOTE:

Beers Criteria: Antipsychotics are identified in the Beers Criteria as potentially inappropriate medications to be avoided in patients 65 years and older due to an increased risk of stroke and a greater rate of cognitive decline and mortality in patients with dementia. Evidence also suggests there may be an increased risk of mortality with use independent of dementia. Avoid antipsychotics for behavioral problems associated with dementia or delirium unless alternative nonpharmacologic therapies have failed and patient may harm self or others.

Adverse Reactions: CNS depression, tachycardia, dystonias, Parkinsonism

References

1. Invega Sustenna Prescribing Information. Titusville, NJ: Janssen Pharmaceuticals, Inc.; March 2018. Available at <https://www.invegasustennahcp.com/>. Accessed May 1, 2018.
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5. Rognoni C, Bertolani A, Jommi C. Second-generation antipsychotic drugs for patients with schizophrenia: Systematic literature review and meta-analysis of metabolic and cardiovascular side effects. Clin Drug Investig. 2021;41(4):303-319.
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7. 2023 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2023 updated AGS Beers Criteria for potentially inappropriate medication use in older adults. J Am Geriatr Soc. 2023;71(7):2052-2081.
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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
1/31/23	New	Howard Taekman, MD; Robert Sterling, MD	New

2/13/24	No	Howard Taekman, MD; Robert Sterling, MD	Annual review
2/18/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated preauthorization criteria and added note for Beers criteria and Adverse Reactions